# MEDICAL HISTORY RELEASE FORM

**PREVIOUS CLINIC:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **DOCTOR:** |  |
| **ADDRESS:** |  |
|  |  |
| **TEL & FAX:** |  |

The patient named below would like to attend Women’s Health Torquay.

We would appreciate if you would release his/her relevant medical history in XML format ONLY (**on CD preferred**) ***Note: Please do not send html or pdf on disc***

**PLEASE ADVISE IF THE FOLLOWING HAVE BEEN COMPLETED:**

|  |  |  |
| --- | --- | --- |
| **Description** | **Item** | **Date Last Completed** |
| GP Management Plan | 721 |  |
| Team Care Arrangements | 723 |  |
| GP Mental Health Plan | 2715/2717 |  |
| Health Assessment |  |  |

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**PATIENT CONSENT:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_/\_\_\_\_/\_\_\_\_

Of (Address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Give my consent for my medical history to be released to Women’s Health Torquay.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_/\_\_\_/\_\_\_\_\_\_

**Office Use Only:**

|  |  |
| --- | --- |
| Dates Records/Summary Sent: |  |